

Good Agricultural Practices & Good Handling Practices Systems Audit Scoresheet (Client Requested Audits Only)

Facility Name:			
Street Address:	City:	State:	Zip:

Date Audit Requested:	Date Audit Begun:	Time Audit Begun:	Date Audit Completed:	Time Audit completed:
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EVALUATION ELEMENTS

TO BE COMPLETED ONLY CLIENT REQUESTED. AUDITS	Element	Possible Points	Less N/A Points	Adjusted Points	Facility Score	USDA Pass % Minimum	CLIENT Pass % Minimum	Final % Scored
	General Questions	175				70%	90%	
	Part 1-Farm Review	150				70%	80%	
	Part 2-Field Harvesting & Field Packing	90				70%	80%	
	Part 3- House Packing	210				70%	80%	
	Part 4- Storage and Transportation	115				70%	80%	
	Part 5- Traceback	100				70%	90%	
	Part 6-Wholesale Distribution Center/Terminal Warehouses	355				70%	80%	
	Part 6-A-Traceback	60				70%	90%	
	Part 7 – Food Security Procedures	50				N/A	80%	
	Total Overall Points/All Elements Audited and General Questions	1305				70%	90%	

The adjusted points are calculated by subtracting the N/A points from the possible points.

Commodities Reviewed (PRINT):							

Auditor Name/Signature: (Print Name and Office) _____ **(Sign)** _____

Reviewing Official Name/Signature: (Print) _____ **(Sign)** _____

Facility Representative Sign: _____ **Post to Website (Yes/No)** _____ **Date:** _____

By signing this form, the facility representative agrees to have the company Name/Address and passed elements posted to a USDA website.

Date Posted to USDA Website: _____ **USDA Gap & Ghp website:** [Http://www.ams.usda.gov/fv/fpbgapghp.htm](http://www.ams.usda.gov/fv/fpbgapghp.htm)